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Bib Data Sheet

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|------------------------------------|
| SERIAL NUMBER 09/609,285 | FILING DATE 06/30/2000 RULE - | CLASS 348 | GROUP ART UNIT 2711 | ATTORNEY DOCKET NO. 5218 |
|------------------------------------|---|---------------------|-------------------------------|------------------------------------|

APPLICANTS
Michael L. Asmussen, Oak Hill, VA ;

**** CONTINUING DATA ******* *LC*
THIS APPLICATION IS A CIP OF 09/521,614 03/09/2000
WHICH IS A CON OF 08/868,967 06/05/1997
WHICH IS A CON OF 08/160,194 12/02/1993 PAT 5,990,927
WHICH IS A CON OF 08/928,630 09/12/1997
WHICH IS A DIV OF 08/160,193 12/02/1993 PAT 5,734,853
WHICH IS A CIP OF 07/991,074 12/09/1992

**** FOREIGN APPLICATIONS ******* *LC*

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 08/26/2000

| | | | | |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY VA | SHEETS DRAWING 41 | TOTAL CLAIMS 84 | INDEPENDENT CLAIMS 9 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>JK</i> Examiner's Signature Initials | | | | |

ADDRESS
Lance Vietzke
Dorsey & Whitney LLP
1001 Pennsylvania Avenue NW
Suite 300 South
Washington, DC 20004

TITLE
Advanced set top terminal having a program pause feature with voice-to-text conversion

| | | |
|------------------------------------|---|--|
| FILING FEE RECEIVED 2440 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |

